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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>  |                        | Docket Number (Optional)<br>TOW-041RCE |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
|--|------------------------|--|-----------|------------|-------------------------|--|---|-------|------|-----------|---|-------|-------|----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number   | 10/656,481-Conf. #8703 | Filed September 4, 2003                |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| For FUEL CELL  |                        |  |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit 1795  | Examiner               | R. W. Hodge                            |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                        |  |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                        |  |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> |                        |  |           | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ |
|  | <u>Fee</u>             | <u>Small Entity Fee</u>                |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                  | \$60                                   | \$ 120.00 |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460                  | \$230                                  | \$ _____  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050                 | \$525                                  | \$ _____  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640                 | \$820                                  | \$ _____  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230                 | \$1115                                 | \$ _____  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number 12-0080 . I have enclosed a duplicate copy of this sheet.   |                        |  |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |                        |  |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 46,590<br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                        |  |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| /David R. Burns/<br>Signature  |                        | October 25, 2007<br>Date               |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| David R. Burns<br>Typed or printed name  |                        | (617) 994-0890<br>Telephone Number     |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |                        |  |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Total of 1 forms are submitted.   |                        |  |           |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: October 25, 2007

Electronic Signature for David R. Burns: /David R. Burns/